



**GEORGIA MEDICAID FEE-FOR-SERVICE  
TOPICAL TESTOSTERONE PA SUMMARY**

<b>Preferred</b>	<b>Non-Preferred</b>
Androderm (testosterone transdermal patch) Androgel 1%, 1.62% (testosterone transdermal gel)	Axiron (testosterone transdermal solution) Fortesta (testosterone transdermal gel) Natesto (testosterone nasal gel) Striant (testosterone buccal system) Testim (testosterone transdermal gel) Testosterone transdermal gel generic Vogelxo (testosterone transdermal gel)

**LENGTH OF AUTHORIZATION:** 6 months

**NOTE:** If generic testosterone gel is approved, the PA will be issued for the equivalent brand product (Androgel, Fortesta, Testim).

**PA CRITERIA:**

*Androderm and Androgel*

- ❖ Approvable for male members aged 18 years or older with a diagnosis of primary hypogonadism (congenital or acquired) or secondary hypogonadism (congenital or acquired) when the member's testosterone is lower than 200 ng/dL confirmed by 2 laboratory blood levels.

*Axiron, Fortesta, Natesto, Striant, Testim, Testosterone Transdermal Gel Generic and Vogelxo*

- ❖ Considered for male members aged 18 years or older with a diagnosis of primary hypogonadism (congenital or acquired) or secondary hypogonadism (congenital or acquired) when the member's testosterone is lower than 200 ng/dL confirmed by 2 laboratory blood levels

**AND**

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred products, Androderm and Androgel, are not appropriate for the member.

**EXCEPTIONS:**

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

**PREFERRED DRUG LIST:**

- ❖ For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.



**PA and APPEAL PROCESS:**

- ❖ For online access to the PA process, please go to <http://dch.georgia.gov/prior-authorization-process-and-criteria> and click on Prior Authorization (PA) Request Process Guide.

**QUANTITY LEVEL LIMITATIONS:**

- ❖ For online access to the Quantity Level Limits (QLL), please go to <https://www.mmis.georgia.gov/portal>, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.